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CHRONIC OPHTHALMIA.

[From Lectures on Diseases of the Eye, by J. WALKER, Esq., Surgeon, Manchester, Eng.]

In many instances conjunctival inflammation comes on insidiously, is very slow in its progress, and never attains the severity of the acute form of the disease described in the preceding lecture. In others, it may be very active for a short period at first, and then gradually assume a chronic character; and this more particularly if it be not, in the beginning, efficiently treated. Such are instances of chronic ophthalmia, in which the conjunctival inflammation may be protracted through several weeks, or even months. Of this modification of the disease I will now speak.

In chronic ophthalmia the conjunctival vessels appear to be distended and relaxed, and not to be possessed of their natural amount of tonic power. There is usually less irritability about the eye than in the acute variety, although it is often very far from being absent. The eye is watery on exposure to light, or to the cold air; weak, as the patient expresses it. It is fortunate in those cases of chronic ophthalmia which are consequent on the acute form of the disease, if the conjunctiva of the cornea have escaped, for it is very common to find that more or less opacity of this texture has been produced; and should the opacity be seated near the centre of the cornea, there must almost of necessity be some interference with vision.

It is a remarkable fact that the conjunctiva of the lower lid is much more frequently the seat of chronic inflammation than that of the upper. This may probably be accounted for from its greater supply of blood-vessels, for, as before mentioned, in the healthy state, they are much more numerous in this than in any other portion of the conjunctiva. When the chronic inflammatory condition has existed for some time, this portion of the membrane assumes a different aspect. It becomes one entire mass of vessels, and, in some instances, presents a smooth, velvety, and in others an uneven and irregular appearance. Very frequently, also, the redness is peculiarly pale, more particularly in delicate persons.

The object to be kept in view in treating a case of this description, is to restore the weakened vessels from their relaxed and enlarged condition to their normal tone and calibre. How is this object best accomplished? Assuredly not by the use of leeches, blisters and purgatives. At all events, you will but rarely succeed by the employment of these means. I have met with numerous tedious and protracted cases in which cup-

ping, leeching, scarifying, blistering, mercurializing and purging have been fruitlessly had recourse to throughout many weeks and months. Most of these cases have soon got well under what I conceive to be a much better mode of treatment.

In the slighter cases of chronic ophthalmia, I have often known the employment of the sulphate of zinc collyrium, in the proportion of three or four grains of the sulphate to an ounce of water, afford a sufficient stimulus to the relaxed conjunctival vessels. In the more severe and protracted cases, a more effectual treatment is to apply either the sulphate of copper or nitrate of silver in substance, to the conjunctival surface of the lower lid. In addition to this application, the patient may be directed to use, at intervals, a collyrium of some stimulating kind, such as that previously mentioned, or a solution of the sulphate of copper, in the proportion of two or three grains of the sulphate to the ounce of water. The zinc ointment in milder cases, and the red precipitate in those which are more severe, should also be recommended to be applied in the evening, more particularly if the tarsal margins are apt to become agglutinated after sleep, as they sometimes are when the glandular secretion is depraved.

The application of the nitrate of silver in substance is easily made, and is by far the most efficacious remedy I am acquainted with for chronic ophthalmia. Expose the conjunctival surface of the inferior eyelid, by manipulating, as already directed, and then draw the nitrate of silver, pointed like a pencil, *lightly* across it. The portion of conjunctiva touched immediately becomes white, from the tears acting upon the nitrate of silver and producing, it is said, a muriate of silver. The application is always productive of a great increase in the lachrymal discharge, and is very generally followed by a severe smarting or burning sensation, which usually continues from half an hour to three or four hours. At the expiration of that period; the uneasiness subsides, and a decided improvement is soon perceptible in the condition of the eye.

The application of the sulphate of copper in substance, is also frequently productive of beneficial results; and, although much milder in its action than nitrate of silver, this remedy will generally be sufficiently powerful in the slighter cases of chronic conjunctivitis. It is to be applied in the same manner as the nitrate of silver, with this difference, that it should be kept in contact with the conjunctival membrane *for a few seconds*, which the patient will usually bear without much complaining. A small portion of the sulphate appears to be dissolved by the lachrymal fluid, as this fluid is generally perceived to be tinged of a blue color, after the use of this substance.

It is rarely necessary to apply stimulants to the conjunctiva of the superior eyelid, because, in simple conjunctival inflammation, we seldom find that it participates to any considerable extent in the general inflammatory condition of the membrane; and it is the less necessary, as the effect produced by their application to the lower one becomes diffused over the whole conjunctival surface by the winking motions. Indeed, the conjunctiva of the lower lid ought to be the recipient of all the local stimulants employed in chronic ophthalmia. If we prescribe a stimu-

lating lotion or ointment, but little good can be expected to result from its use if this be not brought into actual contact with it; and, as we know how seldom applications of this kind are properly used by patients, there is the greater necessity for the surgeon himself frequently to apply something on which he can depend for producing the proper impression. If the application of stimulant fluids be entrusted to patients or their attendants, strict injunction should be given as to their efficient use. The lower eyelid ought to be depressed and everted, and a camel-hair pencil saturated with the fluid should then be drawn across its conjunctival surface. If an ointment be recommended, it should be first melted, and then applied in the same manner. In milder cases the fluid may be dropped upon the conjunctiva oculi, or the ointment smeared upon the tarsal margins, but neither of these is so effective a mean as the former.

Various objections have been urged against the use of stimulants of every kind, in the treatment of the affection before us; but these I consider to be untenable. By some, for example, it is thought that, where there is already inflammation, such applications must necessarily add to the mischief. It is a well-known fact, however, that substances which, when applied to the healthy structures, cause inflammation, will, when applied to the same structures in a state of inflammation, often remove the inflammatory state. I need but allude to the employment of nitrate of silver in the treatment of erysipelas, of turpentine in that of burns, and the like.

I may mention, also, that many writers of established reputation contend that general treatment will effect everything that is requisite in ophthalmic practice; that we have nothing to do but to bleed, and purge, and mercurialize our patients, and that thus we shall never fail to remedy all the inflammatory conditions observed in the organ of vision. If such a representation were correct, which it is very far from being, still, who would not prefer the more rapid, more efficacious treatment by stimulants, to the slow, disagreeable, and debilitating means, which are comprised in the term "antiphlogistic treatment?" What practitioner can be justified in recommending a patient to be bled, leeched, nauseated and mercurialized, for a case of simple conjunctivitis, when it is certain that a few applications of nitrate of silver or sulphate of copper are all that is required to remove the malady, and that both more expeditiously and more completely? And yet, strange to say, there are authors who strenuously advise the antiphlogistic mode of treatment in this form of disease. Nay, they even declaim, too, against those who recommend the use of stimulants; but they take good care to shut their eyes to the impropriety of needlessly subjecting their patients (often delicate and irritable) to all the evil consequences of profuse bloodletting, salivation, and other similar means.

I have now mentioned the principal local remedies which I consider are required for the successful treatment of chronic conjunctivitis. But if we turn over the pages of authors who have written on ophthalmic surgery, we shall find in them a great number of formulæ for the preparation of various eye-lotions, drops and ointments. A very large pro-

portion of these formulæ, I conceive to be perfectly useless, and some of them even ridiculous, from the substances prescribed in them being either inert or incompatible in their chemical or physiological properties, or in both. I think that all the really valuable applications are few in number, and may be divided into two kinds, viz., stimulants and sedatives. In the former class may be placed more particularly the nitrate of silver and sulphate of copper, either in substance, solution, or as ointment, alum, sulphate of zinc, and oxymuriate of mercury in solution, and the red precipitate, zinc and citrine ointments. It would be difficult, indeed, to give any good reason why these should be preferred to many other stimulating substances that might be mentioned. All that can be said is, that these, on the whole, are as suitable as any others, and have the advantage of having been sufficiently tried and found useful, and may therefore be depended upon.

Of sedative applications, those chiefly in use are warm water, decoction of poppies, the solution of super-acetate of lead, infusions of belladonna, opium and hyoscyamus. Sedative applications should be applied merely to the external surface of the palpebræ, whilst stimulants are useless except when brought into contact with the conjunctiva. Sometimes sedatives may be judiciously combined with stimulants, particularly in the more active forms of conjunctivitis, or where the pain or uneasiness is very considerable. Thus, after having applied the nitrate of silver in substance, I frequently recommend the use of one or other of the before-mentioned sedatives.—*London Lancet.*

ANOMALOUS VACCINATION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—What I conceive to be an anomalous case of vaccination has recently occurred in my practice, a brief history of which I transmit to you, to be made use of as you may think best.

Five weeks since, in accordance with the direction of our municipal officers, I vaccinated, in connection with about four hundred other individuals, a small male child, the subject of this communication, with *genuine vaccine virus*. Hardly had it been communicated, when a high degree of inflammation pervaded, not only the spot where the quill had penetrated, but the system universally. The quill, which had been recently charged from a healthy arm in the best condition, was inserted at about four o'clock in the afternoon, and the next morning at seven the father requested me to visit his child, remarking, at the same time, that he had been "hot and sore" all night, and that he was at a loss to know "whether to attribute appearances to the vaccination or not." In half an hour I saw the case, and indications were as follows. The arm, for an inch each way from the point of the incision, presented a red, tumefied and angry appearance. There was nothing upon the apex of the tumefaction which bore the least resemblance to the proper pustule usually produced by the vaccine virus, but, on the contrary, nothing more than the speck of epidermis a little darkened under which

the lancet had penetrated. Throughout the general system there was a degree of active inflammatory excitement, seldom equalled in any febrile affection, the pulse being *tense* and *vibratory*, and beating 100 a minute; skin hot and dry; face flushed; tongue furred; appetite gone, and thirst great, the child frequently calling for water, and being very irritable and much vexed if his wants in this respect remained ungratified.

This apparently unpromising state of things yielded almost as suddenly as it had been induced (if, indeed, it had been induced by the vaccination) to a few depleting purgatives, and other remedies, so that at the end of five days the general febrile symptoms had subsided, and I considered my patient convalescent; but the local disease remained with a considerable accession of aggravation. Forty-eight hours from the time of the insertion of the quill, the arm, from the shoulder to the elbow, was tumefied and tender to the touch; and from under an ill-conditioned scab, which still bore no resemblance to the vaccine vesicle, there oozed, in small quantity, a thin, limpid fluid, causing no excoriation of the parts over which it ran.

In this stage of things, I directed the nurse to apply to the arm poultices made of common biscuit and mucilage of linseed. Two days subsequent to their first application, the inflamed surface became much more limited in extent, and instead of the limpid fluid before named, there was a copious secretion of healthy pus, apparently mixed with no impurity. This continued to flow, but constantly diminishing in quantity, for five days, when, owing to some bad adjustment by the nurse of the bandages used to retain the poultice in place, it was found, upon examination two hours after, to compress quite forcibly the orifice through which the pus had escaped. Just below there was every indication of the formation of a formidable abscess. Immediately upon the removal of the compressing bandage, there was an increased discharge, and evidently at the expense of the incipient abscess. This soon diminished to its former amount, and has continued much in the same condition to the present time, a term of nearly five weeks. If at any time other applications than those of poultices have been made, the arm has become more red and angry, and the pulse has indicated an increased degree of vascular excitement.

The child, since the febrile paroxysm at first, has been comfortably well, so far as general health is concerned, and has experienced no great annoyance from the arm, although it has discharged, judging from the appearance of applications, &c., to the amount of half an ounce, each day, of a serous fluid intermixed with pus.

But not a little curious and puzzling, to me at least, is the following circumstance connected with the case. Twenty-five days subsequent to the vaccination, the child, at the time of dressing the arm, having imbued the tip of a finger in the matter which had escaped from it, slightly scratched the face of the nurse, and in consequence there appeared, in proper time, as perfect a pustule as the most fastidious practitioner would ever wish to see produced by vaccine virus.

Now as there has arisen, in this vicinity, considerable discussion relative to the peculiar effects of the vaccinations of 1839-40, I wish to

propose a few questions for any one to answer who may think the subject worthy of consideration.

1st. In view of the facts in the case just spoken of, although there was no *proper vesicle* formed, has the child received the benefit which vaccination is supposed and known to confer?

2d. Is the pustule *usually* produced by the virus the only infallible criterion of the goodness of vaccination?

3d. Have any new phenomena been exhibited by the vaccinations of the past winter? And if not, how shall we account for the excessive virulence with which the vaccine virus has operated in the human system in multitudes of cases in which it has been tried recently?

I am most respectfully, your servant,

Bradford, March 25, 1840.

C. W. SPOFFORD.

MALFORMATION OF THE LIVER, GALL-BLADDER AND BILIARY DUCTS WANTING.

[Communicated for the Boston Medical and Surgical Journal.]

Boston, March 28, 1840. I was requested yesterday to visit, in consultation with Dr. Sumner, a male infant of nine weeks, that labored under the jaundice. At birth the child was large and fat; it remained well for the first week, when emaciation began and continued to the last; there was, however, no diminution of appetite—which was voracious and not easily satiated—to the day before its decease; and, though it had an abundant supply of milk, it did not reject it, as infants generally do at that age. The whole surface is suffused with a citron color, and exquisitely sensitive—the slightest touch giving him excruciating pain; after the evacuation of the meconium, the discharges had been of a milk-white color, sometimes curdled, but for the most part fluid, resembling milk unchanged, with the exception of two different periods, when they had a slight cast of green; the pulse was full and hard.

Treatment.—Dover's powders and calomel, with, occasionally, laxatives of castor oil or magnesia, were the principal remedies that had been employed. Wine of the tartrate of antimony in repeated doses had been given for two or three hours, with the view of producing vomiting, without any other effect than nausea.

Cadaveric Autopsy.—The examination took place at half past 11 o'clock, A. M. The color of the surface the same as yesterday. On opening the body, none of the tissues were tinged with yellow; the superior surface of the right lobe of the liver was of a dark brown color, speckled with dots of a dark hue; the left lobe a light gray, the under surface of a uniformly light red, the anterior margin of a leaden hue; the substance of the liver compact, tough, and of a dull green. The liver was, as usual, furnished with the hepatic artery and vena portæ, but the biliary ducts, as well as the gall-bladder, were wanting. The spleen was firm and tough, and no trace of a spongy texture discernible—the vein was smaller than the artery. The size of the pancreas did not appear to be in proportion to that of the liver; it was des-

titude of a duct, and its aspect similar to that of the capsula renalis. The pericardium contained fluid blood, the quantity judged to be from a half to an ounce; that it was not much, if any, diluted with the water of the pericardium; that it must have been effused, as there was no communication with the chambers of the heart; the whole of the external surface of the right auricle was roughened, and reddened deeply with hyperemia; the rest of the heart was sound. The *intestinum tenue* was destitute of *valvulae conniventes*, except at the commencement of the duodenum. Bruner's and Peyer's glands were not perceptible to the naked eye. The contents of the stomach and intestinal canal resembled white paste—not very tenacious, and were entirely devoid of fœtor.

WILLIAM INGALLS.

MEDICAL REMINISCENCES.—NO. VIII.

[Communicated for the Boston Medical and Surgical Journal.]

THE names of Morrison and McLean were hardly more associated in the public mind in the vicinity of the Connecticut river, than were the names of "Perry and Bird" in the western parts of Connecticut.

DR. JOSEPH PERRY was a native of Derby, Ct. He was born in the year 1710. He settled in the town of Woodbury, county of Litchfield, in his native State, where he lived a long life eminently distinguished for many good qualities of head and heart, and particularly for pre-eminent skill in medicine and surgery. To the latter department of his profession he was more particularly devoted, and in it gained high eminence in an extensive district of country. He was said to be a neat and skilful operator, as well as a learned and experienced counsellor. His prescriptions were characterized by great neatness and elegance; and there was a display of learning, as well as the art of combination, in his formularies. Dr. Perry was an intimate friend and companion of Bird, who had great strength of mind, but little of the elegance and gracefulness of manners which characterized Dr. Perry's intercourse with his patients and society. It is said that they often rode whole days together to see each other's patients. Dr. Perry was no less the popular man from the ease and dignity of his manners, than from his learning, experience and judgment in his profession. He was truly an acceptable physician to all his employers. He lived to advanced age, as he died in 1790, aged 80.

Dr. Perry educated three sons to the profession of medicine. Philo, the eldest, graduated at Yale College, studied medicine, but soon exchanged his profession for divinity, was settled in Newtown, Ct., an Episcopal clergyman, and died young. Bennet, his second son, settled in Newtown, and was a respectable physician there many years. He died in 1825, a little advanced of 60 years of age. Nathaniel, the youngest son, was the late Dr. Perry, of Woodbury, who settled on the paternal inheritance, and arrived at distinguished eminence in the circle of his father's practice. He was also more particularly distinguished as a surgeon. He received the honorary degree of Doctor of Medicine

from Yale College in 1817. Dr. Nathaniel Perry was a man of facetious temper, and great pleasantry and humor. He received his education under the care of his father and Dr. Bird, and attended the early course of lectures at Philadelphia, then the only medical school in America. In addition to his professional eminence, Dr. Perry was a politician, and frequently represented his native town in the Legislature; and at the time of his death he was a candidate for still higher honors. For seven years previous to his death he had paroxysms of angina pectoris, of which he predicted he should die suddenly. He fell from his horse while conversing with some friends, and expired instantly, about the year 1820, aged about sixty years.

DR. SETH BIRD was a native of Bethlem, in the State of Connecticut. He was born in 1731. He studied the profession of medicine with the eccentric and celebrated Dr. Samuel Hurlbut, of Berlin, in his native State, and settled in the town of Litchfield, where he continued many years, greatly distinguished for vigor of intellect and depth of sagacity in his profession. Dr. Bird was by nature a philosopher; his mind was characterized by deep thought, close reasoning, patient investigation, and correct judgment; his memory was remarkably retentive. He read much and judiciously in medicine, and his learning was principally confined to his profession. He was very familiar with the works of Boerhaave, having learned their value from his preceptor, who was a great admirer of the writings of that distinguished scholar and physician. Whenever the writings or opinions of his favorite author were assailed by the more modern admirers of Brown, Cullen and Darwin, he would vindicate them with great warmth of feeling and force of argument. Dr. Samuel Hopkins, who was the pupil of Dr. Bird, and long a practitioner with him in the same town, said of him, that he was the greatest physician with whom he ever met; and Dr. Hopkins was himself very celebrated and extensively acquainted with the medical men of his time. Dr. Bird loved his profession, because the investigation of its principles was peculiarly fitted for his genius. He was fond of natural science, especially what related to man in a healthy or diseased state. His prescriptions were simple, and if often inelegant, always well adapted to the symptoms of his case.

In person, Dr. Bird was of middle size, rather corpulent, had dark complexion, dark hair, and great gravity of countenance. He was slow of speech, and apparently labored for utterance. He had a peculiar mode of raising his hand high and slow before he uttered a syllable, which was significant to all his acquaintance that something in point was to be said. His remarks were laconic, pithy, and often severely satirical. He was inclined to be taciturn and silent, but on medical subjects and other devoted branches of study, he would often be servid, interesting and eloquent.

Dr. Bird was the most extensive counsellor of his time in the State, and was remarkable for his punctuality on such occasions. He once reprimanded a young physician for want of punctuality, and remarked to him that, in forty years, he had never made one of his brethren wait for him a moment. This was the more extraordinary, as Dr. Bird lived

in a thinly-settled country, and often rode from thirty to fifty miles in consultation. Dr. Bird was distinguished for hospitality and liberality, but his wife was exceedingly penurious and stingy. The doctor kept many pupils, who sometimes complained to him of the limited fare which they got during his absence. The doctor would aid them in devising schemes to break open her larder and cupboard, and rob her of the delicacies which she had carefully locked away from them, and he would then hear, with great gravity, her complaints of their depredations. It was common fame in all her neighborhood, after her decease, and she survived her husband some years, that having settled every bill against her as soon as presented, she actually sent for the sexton, to know if he would not make some discount for her coffin and grave, on account of her diminutive size, as she was remarkably small.

The eccentricity of Dr. Bird, in this matter, was hardly less singular than that of his wife. His last illness was dropsy, which confined him to his chair for some time, unable to lay down. He had his coffin made some time before his death, and placed beside him continually. A friend inquired of him if it did not make him melancholy to have this closet for his remains constantly before him. He replied, with his significant gesture, "I shall slide into it in a few days." He died in the year 1805, in the 74th year of his age. One only son survived him, the Hon. John Bird, of Troy, N. Y., who erected a handsome monument to the memory of his father.

In the latter years of his life, Dr. Bird became intemperate. It was said that intemperance laid the foundation of his fatal disease. His son, although possessed of an active and vigorous mind, was not remarkably correct in his habits, and died early from dissipation. A short time previous to the death of his father, he made him a long visit. When he returned home, his father wrote him a faithful letter, reprimanding him for his dissipation, and admonishing him to reform. He showed the letter to his clergyman before he sent it, who inquired why he did not talk to his son when with him, rather than write him so soon after his return. With his accustomed gesture, he made this laconic reply, "Paper cannot blush."

S. B. W.

February, 1840.

MORTALITY OF NEW YORK AND LONDON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I find, from a late number of your Journal, and also from the New York Herald, that the number of deaths in New York last year was 7953. It is also stated in the Herald, that official documents show the mortality of London, for last year, to have been 16,685. Assuming the population of New York to be 300,000, and that of London to be 1,500,000, which is probably very near the truth, the mortality of London, to be equal to that of New York, should have been 39,765. In other words, while the mortality of London has been only about 1 in 90, that of New York has been about 1 in 38.

This, I say, is true if the estimates of your Journal and of the New York Herald are to be relied on ; as I doubt not they are. I have the items of the table from the Herald in my possession, which in relation both to New York and London has internal evidence of correctness. But admitting its correctness, how will such a fact agree with the statements of your correspondent respecting the comparative healthiness of the old world ?

W. A. ALCOTT.

[To convince our correspondent that he labors under a most egregious mistake in his statistics of the mortality of London, we copy from official documents the number of deaths for 1838, and for the three first weeks in 1840. The report for 1839 has not yet reached us in an official form. Since the beginning of 1840 a table of mortality has been made out weekly in London by the Registrar General, and there is no longer any difficulty in obtaining correct information respecting the actual mortality of the British metropolis, nor any excuse for catching at unofficial returns which may happen to harmonize with favorite theories. From Jan. 5 to Jan. 11, the number of deaths was 967; from Jan. 12 to Jan. 18, 997; from Jan. 19 to Jan. 25, 916. With a population of 1,930,000, which is nearly the present number, the deaths through the year, at the above rate, would be about 1 in 38. But the deaths in January are not a fair specimen, as the following remarks by Mr. Farr will show. What is the average value of life there, according to Mr. F.'s estimates ?—Ed.]

In the four decennial enumerations, the population of the metropolis was found to increase very uniformly, at the rate of 1.8 per cent. annually. It may be assumed, that the rate of increase has been the same since 1831 ; and that, with the addition of 4 per cent., as a correction for soldiers, sailors, and other persons not enumerated, the population in the metropolitan division will amount, by the middle of 1840, to about 1,955,000. The weekly deaths are nearly 1.52d part of the annual deaths ; divide 1,955,000, therefore, by 52, and the quotient, 37,596, will serve, as the divisor of the weekly deaths, to determine the *annual* rate of mortality prevailing in any given week. The average weekly deaths in 1838, were 1013. If the population had been as numerous as in 1840, the weekly deaths in 1838 would have amounted to 1051 ; and 1051 divided by 37,596 = .028, or a mortality of 2.8 per cent. per annum. The experience of a *week* in the metropolis is equivalent to the experience of a *year* in a town with a population of 37,596.

The mortality, in the year 1838, appears to have been a near approximation to the average mortality of the metropolis. It was 2.80 per cent. [or 1 in 36] ; while the mortality of the 18 years, 1813–30, as deduced from the parish registers, with a correction for omissions, was 2.84, according to Mr. Edmonds, and 2.93 in the 10 years, 1801–10, according to Mr. Milne, the two best authorities on the subject. The distribution of the deaths at the three periods of life was, also, it would seem, not very different from the average. The *epidemic diseases* vary considerably from year to year.

The ages of the population were unfortunately not enumerated in 1831. To obtain an approximation to the numbers living, at the ages 0—15, 15—60, and upwards—we can, therefore, only take the proportions existing in 1821, which were stated by Mr. Rickman to be, in 10,000 :—

Age	0—15	15—60	60—
Males	3428	6066	506
Females	3045	6371	584
		<hr/>	<hr/>
Mean	3237	6218	545

Hence it may be inferred, as the population has increased regularly for many years, that the numbers living in the metropolis, in the middle of the year 1840, will be nearly as follows, at the three ages :—

Age.	Living.	The number living divided by 52.
0—15	632,833	12,170
15—60	1,215,618	23,377
60—	106,549	2,049
	<hr/>	<hr/>
All ages	1,955,000	37,596

Divide the weekly *deaths* at the three ages by the corresponding numbers *living*—12,170—23,377,—and 2,049, and the result will represent nearly the annual rate of mortality prevailing in any week of the year 1840.

Annual Rate of Mortality per cent.

Age.	Jan. 5—11, 1840.	(1838.)
0—15	3.3	4.0
15—60	1.4	1.6
60—	11.2	9.7
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All ages	2.6	2.8

If the average mortality (1838) be taken as the standard of salubrity, and be represented by 1, the health in the week will be represented by 1.09—of children 1.20, adults 1.14, old people .87.

In Great Britain, including the army, the navy, and registered seamen, the proportion of males to females, in 1831, was 1 : 1.026 ; exclusive of the army, navy, and registered seamen, 1 : 1.062.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1840.

NATIONAL MEDICAL CONVENTION.

It will be recollected that in the ensuing month of May, a national medical convention is to assemble at Philadelphia, for the promotion of medical science. Delegates have been appointed in various places ; but, thus far, in Massachusetts nothing has been done. It is desirable that the State

Medical Society should be represented; but unless an extra meeting of the Counsellors is soon called, it will be too late, as the annual convention of the members is not held till the last of May, when the business of the National Convention will have been completed. A correspondent suggests that the Boston Medical Association might send a representative, and it is to be hoped that some action will be had on the subject.

Notwithstanding the example of the profession in England, of whose scientific deliberations we read with the deepest interest, there is an apathy in this country, which cannot be accounted for upon any known principles. Enterprising and laborious in everything else, no effort has yet been successful in the organization of a national association, either for the encouragement of the sciences in general, or any one department of useful knowledge in particular. Even at the late convention for revising and remodelling the Pharmacopœia, not a single individual went from the old State of Massachusetts, where it is acknowledged, on all sides, that there is neither a lack of talent nor a want of enterprise in any measure which concerns the welfare of the human race. It is impossible, therefore, to account for this seeming neglect and want of concert in an enterprise of such great importance to the future character, influence and respectability of the brotherhood of medicine.

Dr. Howe's Truss.—This instrument may be understood by a very slight examination. All that is new about it is the combination of a *peculiar* spring with the old-fashioned ratchet wheel, the latter being the regulator of the former, and both together affording the amount of pressure required; and this can be adjusted by the patient with the most perfect ease while walking or on horseback. The *catch* of the wheel is so constructed that when the pressure is too great, the thumb being applied to the upper end it may be easily raised so as to let the spring retrograde a notch. This is also *new*, or an improvement of the "rag-wheel." The hoop is but a *fulcrum* on which the springs act. It will not irritate the back.

Professor Portal on Hernia.—Through the kind attentions of that miracle of industry and science, Prof. Portal, of Palermo, we have been favored with a complete treatise, in manuscript, on hernia, which would make a pretty compact octavo, of some hundred pages. It is written in the Italian language. Since there are so many standard works on the same subject, it would hardly pay the way to translate our excellent friend's folio sheets into English. The index to Part I. is as follows, viz.: description of the inguinal ring; different envelopes, &c.; symptoms and diagnosis of inguinal hernia; differences between strangulation and incarceration; pathological circumstances which may complicate strangulation, &c. &c.; illustrated by many striking cases, of peculiar interest.

Any of our readers or correspondents who would like to exercise their ingenuity and improve their acquaintance with the Italian, are perfectly welcome to the use of the manuscript a sufficient time to complete the translation, when it must be returned, as the whole must ultimately be re-shipped to Sicily.

Medical College of the State of South Carolina.—Sixty-three medical students received the degree of M.D. at the commencement of this flourishing institution, on the 19th ult. A gold medal, for the best thesis,

was awarded to Alexis Foster. The subject was *phthisis pulmonalis*—written in Latin. J. Lawrence Smith also received a gold medal for his dissertation on nitrogen. Drs. Harwood Burt, of Edgefield, and Alex. B. Arnold, of Abbeville, received honorary degrees. Drs. W. B. Stevens, Savannah, and S. C. Kennedy, were admitted *ad eundem*. Drs. Isaac Branch, of the Vermont Medical College, and W. C. Norris, of Abbeville, were licensed to practise in the State.

As far as heard from, all the medical schools of the South and West are decidedly more prosperous than the old ones in the North. Of 193 who attended lectures at Charleston, the present year, 119 of them were new students. It is beginning to be an object to hold a chair where the income is annually increasing. Why the tide sets so strongly towards the new medical seminaries, can only be explained by the supposition that they are really making the most praiseworthy exertions for the benefit of their classes.

Progress of Dietetics.—A gentleman of this city, who has long been devoted to the dissemination of those new-fangled doctrines appropriately called the starvation system, which is extremely popular with many who know nothing of its evil tendencies, is about visiting the Oberlin Institute, in Ohio, for the express purpose of instructing the faculty, we understand, in the genuine process of eating and drinking, according to the most approved vagaries of the radical dietetic philosophers of New England—who, as Sir William Blackstone expresses it, are *doli capaces*. If there are two hundred pupils in that institution, as represented, and they are put upon a rapid and exclusive aliment of squash custards, stewed peas and rye puddings, the insane hospitals of the far west may ultimately rely on having an accession of patients, singularly hallucinated. Without any disposition to re-discuss the worn-out subject of the injurious effects produced on the bodies and minds of rational beings by confining them exclusively to vegetables, in this climate—after having subsisted for years, as man was obviously designed, from his physical organization, to do, on a portion of animal food—we unhesitatingly predict that when the novelty of the revolution has passed away, the students of the Oberlin Institute will return again to the abomination of beef steaks and their wholesome table accompaniments—the tangible evidences of civilization, as they are the foundation of individual health. When reformers become monomaniacal, fancying that the very existence of the race incontestably depends on a servile adherence to doctrines which have been refuted by experience, and are ascertained by the common sense of mankind to be destructive as well as ridiculous, they should not be irritated by opposition, but kindly persuaded to abandon the pursuit of a phantom. At this boasted period, however, of light and science, when the instructors of an incorporated institution, ostensibly devoted to the cultivation of the intellect and moral feelings of youth, begin to dabble officially in rice porridge and water gruel, they at once transcend the powers delegated by the Legislature, and contemptuously degrade themselves in the estimation of all persons not absolutely *non compos mentis*.

Vaccination and re-vaccination.—Copenhagen is extremely subject to epidemic diseases, and, during the last few years, to smallpox. From the various observations which he has made during these epidemic attacks,

Professor Otto concludes, 1. That the vaccine virus has lost nothing of its original force. 2. That a child cannot be vaccinated too soon after birth. 3. That the protective influence of the vaccine virus gradually diminishes with time; in some, perhaps in the greater part of those vaccinated, it is lost after a certain lapse of years. 4. The nature of the cicatrix does not enable us to determine how far the disease will be modified. 5. Smallpox, when it occurs in the vaccinated, is always modified, and the more so, the younger the person is. 6. Regular variola, in the vaccinated, only appeared in persons who had passed the age of fourteen. 7. Out of 10 vaccinated persons who died, none had passed the age of 23. 8. Not a single case of smallpox had, as yet, occurred in the re-vaccinated.—*Rust's Mag. and L'Expérience.*

Watery Solution of Opium in Venereal Excrescences.—M. Venot, of the Venereal Hospital, Bourdeaux, having been disappointed in the various remedies which he had employed for the treatment of venereal vegetations, determined to try the efficacy of the narcotic lotions, recommended by M. Desruelles. His experiments were most successful, and from them he draws the following conclusions:—

1. The solution of opium should be fresh and concentrated, an ounce of water containing at least one drachm and a half of opium.

2. The white dry epidermoid vegetations do not yield so readily.

3. All cases of mucous vegetations, moist warts, condylomata, &c., are almost certainly cured by the watery extract of opium, especially if employed after general treatment.

4. The local action of the remedy is manifested in the following manner: the vegetations dry up, become pale, then yellow, brown, and finally waste away.

5. This action, which is evidently poisonous, may extend to the healthy parts and determine certain accidents, against which the physician must be on his guard.—*Gaz. Méd. de Paris.*

Treatment of Chlorosis with the Lactate of Iron.—The lactate of iron has recently been introduced into practice by MM. Gelis and Conté, internes at La Charité. Reflecting on the difficulty of administering the preparations of iron, these gentlemen recommend the use of the lactate in lozenges. This preparation is very soluble, and may be administered in much smaller doses than other preparations of iron—the subcarbonate, for example. M. Bouillaud never gives more than 20 grains in the 24 hours; MM. Andral and Fouquier seldom exceed 12 grains.—*London Lancet.*

Encouragement of Vaccination in France.—At the annual meeting of the Royal Academy of Medicine, in December last, the vaccine prize of 1,500 francs was divided amongst three physicians, and more than 100 gold medals were distributed to those practitioners who had most distinguished themselves by their zeal in the cause of vaccination. This honorable encouragement has not been thrown away. Of 797,782 births in France, during the year 1837, not less than 495,450 children were vaccinated.—*Ibid.*

Lithotomy performed on a Man 71 years of age, by a Surgeon of 84.—M. Souberbielle lately performed the operation of lithotomy on a gentle-

man, 71 years of age, who had labored under symptoms of stone for 18 years. At length he found it necessary to submit to an examination, and was sounded by three surgeons at Versailles, but without any result. As the pains in the region of the bladder continued, he was again sounded by one of the first surgeons in Paris, but no stone was discovered! M. Souberbielle was next consulted; he was fortunate enough to discover the existence of calculi, performed (as he commonly does) the operation *above* the pubis, and extracted from a cyst 45 calculi of various sizes, the largest being as big as a large almond. On the 14th day after the operation the patient was able to ride out in a carriage, and on the 15th dined with his family.—*Bulletin de l'Acad. Roy. de Med.*

Sugar in the Blood and Urine of Diabetic Patients.—M. Muller, of Medebach, has examined the blood and urine of a diabetic patient; from 12 oz. of the former he obtained 1 drachm 5 grs. of sugar, and from 50 oz. of urine not less than 2 oz., 3 drachms and 37 grs.—*Jour. de Chimie.*

Medical Miscellany.—Between fifty and sixty students were in attendance at the Medical College of Vermont, a day or two after the lecture term commenced.—The use of opium is on the increase in England. It is greatly to be apprehended that the same is true of the United States.—Thirty-two physicians of St. Clairsville, Louisiana, and its vicinity, have threatened to refuse medical assistance to any one who shall support the bill before the Legislature of that State, making the disinterment of the dead, for anatomical purposes, a State-prison crime.—Dr. Wm. Black is the surgeon of the store ship Relief, belonging to the exploring expedition, just returned from Rio Janeiro.—Dr. S. Tracy, from Singapore, has arrived at New York, with an ourang outang.—Puerperal fever is represented to have been particularly fatal of late in the New York Almshouse.—Sixty students attending the medical lectures at the University of Transylvania, received the degree of M.D., March 14th; and Dr. Samuel K. Sharpe, of Maysville, Ky., and Dr. John Crowley Williams, of New Orleans, had conferred upon them the honorary degree of Doctor of Medicine. The school is certainly in a prosperous condition.—Two boys were lately emasculated by the Shakers at Whitewater Township, Ohio, which has created considerable disturbance in the neighborhood.—A second number of the Homœopathic Examiner is published—beautifully executed in typography.

TO CORRESPONDENTS.—We shall endeavor to commence, next week, the publication of Dr. Ingalls's paper on the spleen.—Dr. Wilson on the diseases of the pelvic viscera, and the cases of vesico-vaginal fistula by Prof. Mettauer, of tetanus by Dr. Comstock, and of enlarged thymus gland by Dr. Tewksbury, will be inserted as early as space will allow.

MARRIED.—At Barnstable, Mass., Dr. Joseph W. Webster, of South Dennis, to Miss Mary Lothrop.

DIED.—In Albany, N. Y., Ashbel Steele Webster, M.D., 44.—At Wheeling, Va., Joshua Morton, M.D., 45.—In Bath Co., Va., Dr. Washington McCue.

Number of deaths in Boston for the week ending April 4, 28.—Males, 17—females, 11. Stillborn, 7. Of consumption, 5—brain fever, 1—smallpox, 2—jaundice, 1—dropsy on the brain, 1—casualty, 1— inflammation of the brain, 2—drowned, 1—scarlatina, 4—dropsy, 2— inflammation of the bowels, 1— old age, 1—typhous fever, 1—sudden, 1—lung fever, 1—quincy, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	h	m	a	h	m	a			
March.	h	m	a	h	m	a			
1 Sun.	34	37	35	29.55	29.50	29.45	N E	Cloudy	Evening, rain.
2 Mon.	35	60	53	29.27	29.30	29.37	N W	Fair	Very warm and pleasant day.
3 Tues.	35	54	48	29.39	29.30	29.34	S W	Fair	Rain at 3 o'clock.
4 Wed.	44	64	59	29.19	28.94	28.89	S W	Fair	Warm day. Evening, thunder & lightning.
5 Thur.	43	38	35	28.79	28.82	28.94	N W	Fair	High wind.
6 Frid.	27	46	45	29.03	28.85	28.84	S W	Fair	High wind. Aurora borealis.
7 Satur.	31	32	33	28.93	28.76	28.90	N W	Fair	Squally. Great change in the weather.
8 Sun.	6	22	31	29.30	29.27	29.14	N W	Fair	
9 Mon.	29	42	43	28.86	28.74	28.77	S W	Fair	Snow and rain A. M. Pleasant P. M.
10 Tues.	33	48	32	28.96	28.76	28.86	S W	Fair	Showery—snow squalls.
11 Wed.	14	22	23	29.07	29.14	29.35	N W	Fair	Very cold.
12 Thur.	17	29	30	29.39	29.36	29.37	N W	Fair	
13 Frid.	23	34	33	29.32	29.33	29.40	N W	Fair	
14 Satur.	26	33	31	29.54	29.56	29.59	N W	Fair	
15 Sun.	22	34	35	29.48	29.31	29.18	S W	Snow	
16 Mon.	29	46	42	29.30	29.24	29.29	N W	Fair	Very pleasant day.
17 Tues.	34	44	33	29.37	29.13	29.16	N E	Snow	From three to four inches of snow fell.
18 Wed.	34	46	44	29.40	29.48	29.48	S W	Fair	Foggy morning.
19 Thur.	30	51	44	29.52	29.53	29.48	S E	Fair	Foggy morn. Rain and snow in the night.
20 Frid.	34	42	44	29.45	29.44	29.45	N E	Cloudy	Morning rain, afternoon fair.
21 Satur.	39	43	34	29.46	29.44	29.44	N W	Fair	High wind.
22 Sun.	32	28	31	29.59	29.68	29.65	N W	Fair	High wind. Pleasant, but cold.
23 Mon.	24	36	34	29.66	29.63	29.61	N E	Fair	
24 Tues.	30	36	29	29.39	29.14	28.90	N E	Snow	Snow commenced at 7; 4 inches fell.
25 Wed.	24	36	32	29.80	28.90	28.97	N W	Fair	Snow squalls.
26 Thur.	31	33	32	29.00	29.08	29.14	N W	Fair	High wind.
27 Frid.	38	47	46	29.40	29.44	29.46	S	Fair	Pleasant day. Sun set in a cloud.
28 Satur.	42	51	46	29.53	29.54	29.50	S E	Cloudy	Foggy morning.
29 Sun.	46	54	52	29.40	29.29	29.19	S W	Rain	Foggy morn. Rain A. M. Clear P. M.
30 Mon.	50	54	54	29.30	29.28	28.89	S E	Rain	Great rain storm; even. thunder & lightning.
31 Tues.	37	41	43	29.86	29.09	29.16	N W	Fair	High wind; snow squalls.

The month of March has had its full share of "March weather"—high winds, flying clouds, squalls of snow, and storms of rain and snow—weather variable—sudden changes. Thermometer ranged from 6 to 64; barometer, from 28.74 to 29.68.

NEW MEDICAL WORK.

Published by Charles C. Little and James Brown, Booksellers, No. 112 Washington street, Boston.

PRINCIPLES OF THE THEORY AND PRACTICE OF MEDICINE, by Marshall Hall, M.D. First American edition, revised and much enlarged, by Jacob Bigelow, M.D., and O. W. Holmes, M.D. 794 pages, 8vo. This English work, by an author of great celebrity, has been revised and augmented with new matter adapting it to the present state of medical science, by the American editors. It appears from the advertisement, that one third of the entire volume is written by the editors. The following are some of the opinions of the American press in regard to this edition.

"We would unhesitatingly pronounce it the best and most complete text-book for the study and practice of medicine. It is full of facts, well arranged and digested, and free from the endless repetitions, and diffuse, ill-digested matter which are often introduced into treatises upon medicine. The present state of the science is reached in almost every instance."—*Philadelphia Medical Examiner*.

"A summary of the best medical knowledge of the present day, exhibiting, in general, able and correct views of the most important results of recent investigations in all the varieties of disease."

"We know not where else so clear and intelligible an exposition of auscultation and percussion can be found."—*American Journal of Medical Sciences (Philadelphia)*.

"It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. The editors, or in fact authors, appear to have wholly prepared the first part, a most excellent and indispensable addition to the original text. Throughout the entire volume the additions they have made are readily recognized, and form an essential feature in the construction of the American edition. To students of medicine especially we recommend this edition as being superior to any other work extant for them."—*Boston Medical and Surgical Journal*.

March 11—6m

NOTICE.

A PHYSICIAN having recently left Canton Centre, Mass., where there has been one the last fifty years, offers to sell or let his house, with or without a small farm. Inquire of E. Crane, Esq., near the premises (if by letter, post paid).

March 18—1f

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